

Telephone interview with Dr. Clifford Roosa, Korean War physician. Dr. Roosa was chief medical officer aboard USS *St. Paul* (CA-73). Conducted by Jan K. Herman, Historian, Bureau of Medicine and Surgery, 13 December 2001.

Where did you grow up?

I was born and raised on a farm in South Dakota.

Did you know early in your life that you wanted to be a physician?

Not really. My father, a World War I veteran, was president of the local draft board and had drafted my brother. I came home from South Dakota State College for Thanksgiving in 1942. He told me he would give me my choice; I could join something or he would draft me. I joined the Army. It was called the Enlisted Reserve Corps and I was called to active duty in early 1943. I was in the Army until 1946, but during that time I was sent to a specialized training program. Initially, I was an engineering student at the University of New Hampshire and was then taken into the premedical program.

That's where I went to school. I'm a graduate of UNH.

I'll be darned. I was at New Hampshire from October '43 until April '44. I was led into becoming a physician by a series of fortuitous events. After completion of infantry basic, I was transferred to the Army Specialized Training Program. While at New Hampshire, I was in the engineering program, but in April I was transferred to the premed program. I finished premed in December '45 and was sent to Fort Dix, NJ, where I worked as a ward corpsman at Tilton General Hospital. In September I entered medical school at the University of Rochester. I was discharged from the Army in February 1946 and continued medical studies until graduation in 1949.

What was your military obligation after that?

When I was released from the Army in February '46 I had no further obligation to the services. However, in 1949 I joined the US Navy Reserve Corps.

Why did you pick the Navy over the Army?

I'm not sure I can answer that. Somehow I felt the Navy would be more to my liking. While at Fort Dix, I spent leisure time at nearby Atlantic City. I took a liking to the salt water. Perhaps the Navy would provide me with some adventures never experienced in the Army.

Where did you report?

From the University of Rochester, three or four of us first went to the recruiting station in Pittsburgh and applied for commission in the Navy Reserve. I was accepted and in July of 1949 I went to Denver to intern at St. Joseph's Hospital. On paper I was put on active duty status, then detached and served as an intern and was paid the base pay of a LTJG. The Navy paid me about \$200 a month, whereas other interns were paid by the hospital \$50 a month.

I finished this internship under the auspices of the Navy and was called to active duty on the first of July 1950. Initially, I worked in the recruiting office in Denver. The Korean War had just begun. I examined reserve recalls and new recruits. Things were disorganized. I examined up to 60 people a day. For a time I was the only physician so I did all the exams to sort out the

ones who were physically capable from those that weren't. I did that until January of 1951 and then was sent to an infirmary in Orange, TX.

There was a shipyard there.

Yes there was. We had a river full of small craft, although there were some vessels of pretty good size. They were in mothballs in the Sabine River. The Navy was rehabbing and returning them to sea duty. I worked at the infirmary for about a year. We took care of the sailors and their families.

That would have put you into 1951.

Yes. In early 1952 I received orders to go to the USS *St. Paul* (CA-73)..

Where was the ship home ported at that time?

The home port was Long Beach, CA. Our port in Japan was Yokosuka. When I was ordered to the ship it was in Japan. I flew from San Francisco to Hawaii, Midway, then Japan. On a cold, foggy February morning I stood on the dock at Yokosuka, Japan looking up at this huge, gray ship and wondered, "What would be my fate?" I went on board and was made welcome. In a few days the ship left for duty off the east coast of Korea.

What were your duties and what did the sick bay look like?

We had several inpatient beds, a treatment room, and an operating room which was also used for minor emergencies. We had billets for 20 corpsmen, but usually had no more than 11 or 12. We had a 100 milliamp X-ray machine which was adequate for chests and extremity exams.

We had sick call daily. Usually it would be most busy on days that we rearmed or refueled. Those days were hard, hard work for the crew. The winters in Japan and Korea are remarkably cold and damp. Working on the main deck in those conditions was something that most people, if possible, would shun.

During my general internship I had little experience in surgery. I studied my surgical books into the night and with some experience became a passable surgeon. I recall my first appendectomy while the ship was rolling in a heavy sea.

But you say you remember this particular one because the ship was rolling?

Yes. We were in heavy seas but strapped the patient to the narrow table. For anesthesia the CPO dropped ether.

The old drip method.

Yes. Later we often used spinal anesthesia when possible. It is generally a safer method.

Do you remember anything else about that particular surgery?

Yes. The next day the patient's name and diagnosis appeared on the sick list. CAPT [Frederick] Stelter called me up to his quarters and asked me why I had not informed him of this procedure. I knew very little of Navy protocol and ceremony. I had never taken an indoctrination course. The Korean War accelerated many assignments. The captain seemed to understand this.

So you had no orientation at Newport. You went straight to your assignment?

That's right. The captain advised me that for all significant medical events he should be notified in person, and for this type of surgery he had to give permission.

Permission for what?

To do the surgery.

Really?

Yes. I had to request his permission. I later understood this. CAPT Stelter was a real hands on, by-the-book officer. He was what we would now call a detail person.

Were you the senior medical officer at that point?

I must have been, as otherwise I would probably have been assisting Dr. [Leroy] Allen or been giving anesthesia. For a time following Dr. Allen's departure I was the only physician on board.

So, that first appendectomy you performed was on the first cruise?

Yes.

So no one, including the senior medical officer, informed you of the protocol?

No. As an example, when we docked in Hawaii, I did not know it was protocol to report to my counterpart in the medical department at the naval base. CAPT Stelter asked me if I had done that. He advised me that I should still do this, so I did. The admiral was quite gracious.

Once you finally got all the Navy protocol under your belt, did things run pretty smoothly?

Yes. Quite well. Dr. Allen was an excellent physician and teacher. HOW Division had some experienced and well trained corpsmen as well as some enthusiastic strikers. We did well at inspections. Generally, we took good care of our patients. We occasionally accepted kudos from the executive officer, other officers, and the crew. Fairly early, we lost our CPO to disciplinary action and a lot of the paperwork fell on me. On my second cruise, Chief Gleason came aboard. He was a Godsend.

The *St. Paul* was involved in shore bombardment and interdicting enemy roads along the coast. Did you ever get up on deck while all this was going on?

Yes. I remember going up to the 02 level one day, which is two levels above the main deck. I opened the hatch and looked out while the 5-inch guns were firing. A volley was fired at a high trajectory and the concussion and sound were incredible. I experienced ringing in my ears for days. At another time, while in Wonsan Harbor I again became curious. I could hear some unusual activity outside my battle station, which at this time was the captain's quarters. I cracked the hatch, looked out, and there were nearby spumes of water from enemy fire. I thought, "This could be a mistake." I quickly closed the hatch and considered hiding under the captain's bed.

What do you remember about the 21st of April 1952.

Quite a bit. I was in the officers' ward room when I felt and heard a "thump." Somehow I knew that something bad had happened. Perhaps we had been hit by enemy fire. I hurried to sick bay. Soon stretcher bearers brought in two patients. Both were unconscious, their clothing and faces were blackened, breathing was rapid and shallow, pulses were present, but very faint. It was apparent that they were in extremis. They both died before we had a chance to begin any specific treatment.

The word came down that there had been an explosion in an 8-inch turret and that there were many more casualties. I went topside to the turret hoping that an earlier assessment might be helpful, but as each body was delivered, it was obvious that nothing could be done. I can still smell the acrid, searing sensation of burning cordite. We placed all these men on deck and went through the formality of pronouncing them dead. It was a bad day. We were all kind of numb.

How many were there?

Thirty.

So there were no survivors of that accident.

None. Fortunately, the explosion did not carry to the powder magazine as this would have been a real catastrophe.

They were all victims, then, of suffocation or burns, or both?

Both. But basically, suffocation. The explosion deprived this closed space of oxygen. At the same time, the fire and smoke severely injured their tracheas and lungs. Had they survived the initial explosion, they would not in any case have survived.

What were the consequences of the tragedy? Did you take part in an inquest or anything like that?

I was included in the investigation. I gave testimony as to the condition of the victims and the causes of death.

I did not know the result of the investigation, or if anyone was accountable. I was appointed as inventory officer and with another officer inventoried the private possessions of these 30 men. There were some personal items that we were reluctant to send to their next of kin. We just used our judgment, but anything of significant value as sent to the next of kin.

For several months after the explosion I received letters from the families of the deceased that had been sent to the captain and forwarded to me. Some of these letters requested the whereabouts of something owned by the victim and not received by their survivors. I responded and reassured them that the inventory had been prompt, accurate, and thorough. I received a few replies thanking me.

That must have been a terribly sad duty for you to have to go through all those personal belongings.

It was a sad duty. I don't believe I felt the full impact of the event from a personal standpoint until we delivered the bodies at Pusan. There had been some consideration of burial at sea because we were in battle exercise. Then we received permission to leave the area and transfer the bodies to the hospital ship anchored at Pusan. We were replaced on the line by the USS *Wisconsin* (BB-64). As the victims were transferred from the ship, someone played Taps. The whole thing just seemed like a bad movie. I find it hard to talk about it even now.

Soon we returned to the bomb line. We threw a lot of ammo into North Korea in 1952 and 1953.

Some North Koreans had been captured and brought aboard the ship about that time. Do you remember that?

Yes. We had two or three episodes that I recall. On one occasion a landing party of Marines returned with prisoners. One of them had a severe head injury. I treated him as best I could, but I doubt if he survived. Another time a boatload of Koreans approached the ship in a small boat and stated that they had escaped from a North Korean prison. Many of these people were injured and required considerable care. One of these Koreans had multiple fractures of both hands as a result of serious abuse.

This was a POW?

Yes.

These were North Koreans?

They said they were South Koreans who had escaped. It didn't make much difference to me as my responsibility was to treat people who needed medical attention.

This then occurred sometime at the end of your first cruise?

I think so. I have difficulty separating the events of my first and second cruises. I recall that their small boat was alongside and I was looking down from the main deck as they were brought aboard. One was delivered by stretcher. Their clothing was dirty and they just looked terrible. We put them through our decontamination shower. In a lapse of judgment I put a jacket from one of them under my arm. Three or four days later I discovered body lice. I treated myself in private.

How did you get rid of them?

DDT powder. It worked well.

Where did the ship go after that?

I don't recall. We spent a lot of time on the bomb line which was usually just above the 38th Parallel on the east coast.

This was still part of your first cruise.

Right. I had been on board less than 3 months when we had the turret explosion. At other times we had little to do. You either had too much or not enough.

How did you occupy yourself on the ship?

When we did not have a junior officer, or if we were particularly busy, I worked sick call. I supervised inpatient care. As senior medical officer, there was a lot of paperwork and preparation for inspections. I gave many lectures to the crew about health matters, including venereal disease. In my leisure time I studied, but also played bridge, cribbage, and acey-deucy. I gave morning and evening reports to the captain daily.

A typical day might then start out with sick call?

Right.

This was by and large a healthy crew of young men.

Yes. We routinely saw a lot of sore throats, stomach flue, colds, and minor injuries. We had experience with venereal disease. Occasionally, we would see people with pneumonia or other serious illness. Invariably, when we had a general quarters alarm, the crew would hurry to their stations and forget to duck when they went through the hatches. There was a remarkable number who appeared in sick bay with a lunate laceration over an eyebrow. We sewed them up, often without anesthesia (because they were kind of stunned and didn't feel pain), and sent them back to duty.

I taught several corpsmen the elements of wound suturing as they were subject to transfer to independent duty on smaller vessels.

So this was a routine occurrence during general quarters.

Yes. We had quite a lot of orthopedic injuries, fractures, and sprains. At one time we had three guys with fractured femurs. They had each fallen from the same catwalk above the quarterdeck. The guys from the USS *Shelton* (DD-790) had serious open chest wounds. We had a lot of seasickness each time we left port.

Did you use Dramamine for that?

Yes. It was usually helpful, but sometimes we had to admit a patient and hydrate him with intravenous fluids.

Being from South Dakota, how did you fare with seasickness?

Prior to boarding, I worried about that. But I never experienced this malady. During the second cruise we received word that a communication ship run by the South Koreans had a sick person aboard. They requested medical assistance. We pulled alongside and, in heavy seas, I was sent by bosun's chair to do an evaluation. It was apparent that the patient had appendicitis. By this time, the seas were so turbulent that my return with the patient was deemed unsafe. I had been thoroughly doused in the icy water on the way over and concurred in this decision. I placed ice packs on the patient's abdomen and kept an eye on him overnight. The next morning the seas had subsided and we returned to the *St. Paul*. At surgery, the appendix had not ruptured and the patient made an uneventful recovery.

The unusually severe motion of the smaller vessel in the very heavy seas coupled with the permeating odor of Kimchee did not cause me to be seasick. I knew I had it made.

Is there anything else about that first cruise worth mentioning, or was it fairly routine.

It was fairly routine. I reiterate I have trouble separating the events of my first and second cruises.

I note here that you went back to Long Beach on the 24th of June 1952, and the ship was in the yard there for quite a while.

I recall returning to Long Beach and joining the family. Do you know how long we were in the yard?

Yes. It was in the yard from the 24th of June until you departed on the 28th of February '53. There must have been a lot of work to do on it.

I'm sure there was, but I do not recall the details.

It is very reminiscent of the more recent turret accident on the *Iowa* (BB-61).

Yes. The events sound almost identical. The news reports stated that this type of accident had never before happened in the Navy. I can bear witness that this is not true.

When you went back out to Korea it was your second cruise but it was the *St. Paul's* third cruise. It was then involved, along with the *New Jersey* (BB-62), in providing some key support to an operation to take a position south of Kosong. Do you remember seeing the *New Jersey* nearby?

We had so many operations at sites with unfamiliar names, it is difficult for me to recall the specifics at Kosong.

Anything medically significant about that cruise?

I do not recall that there was. I remember receiving casualties from minesweepers, from the USS *Shelton*, and a New Zealand destroyer that had been hit in Wonsan harbor. I believe it was on this cruise that we were hit by enemy fire, but had no casualties.

When did you leave the *St. Paul*?

August, 1953. I returned to Treasure Island and was separated.

That was after the armistice had been signed at Panmunjom in July. I believe the *St. Paul* was reported to have fired the last shot of the war. You must have been aboard when that happened.

Correct. The last night was remarkable. We were on the bomb line. No one wanted the logistic problem of unspent ammunition. The entire peninsula seemed to be lit up. I don't know whether we had any specific targets. We were just getting rid of that damn ammunition. Just before midnight we fired the last round.

Any personal feelings about that day besides seeing the fireworks?

During the latter part of that cruise we kept hearing rumors from Panmunjom about an armistice. Several times peace seemed imminent and then the deal would fall apart. This created a lot of uncertainty within the services. We were still having casualties. Our purpose became more unsure and I became jaded and discouraged. It was apparent that we weren't going to win this war. Sometime there was going to be peace. When it really happened, we didn't cheer or wave flags. We just went about our business.

Did you continue in the Navy after leaving the ship?

No. I resigned. I was regular Navy, but at that point I had kind of "had it." My resignation was accepted and I returned to Long Beach. I was out of the Navy and had no job.

What did you do after the Navy?

I returned briefly to my parents' home in South Dakota. I applied for and was accepted as a surgical resident physician at St. Joseph's Hospital in Denver. I learned how to do the things

I had already been doing on the ship. I became Chief Resident, then went into practice in Denver until 1977.

Did you then retire?

No. In 1977 I and my wife went to Kwajalein Island where I was a physician for the Kwajalein Missile Range Hospital. In 1978 I became chief medical officer and remained there until 1980. I then returned to the States and worked for a short time for the VAMC at Hot Springs, SD. We then returned to Kwajalein for the year of 1983. In 1984 we settled in Flippin, AR, and I began doing *locum tenens*, which is Latin for “standing in place.” I was employed by a physician staffing company headquartered in Salt Lake City and was assigned to work in many different states on a temporary basis. In 1999 I had health problems and retired.

Addendum: One of the greatest honors ever paid to me occurred the night prior to leaving the ship in August 1953. The corpsmen, that is HOW Division, dressed me in enlisted clothing and took me to the enlisted club in Yokosuka. I was presented with a real gold Parker pen and pencil set. We drank beer, told stories, and relived the days of ‘52 and ‘53.